Invest in Secure Hands

Benevolent Fund Application Form

Note: This is a fillable form. Submit duly completed and signed form to info@balozisacco.com or drop it at our office

I hereby apply for membership to Balozi Benevolent Fund Scheme and agree to abide by the scheme's policies and amendments thereof: -

Full Name: Prof/Dr./Mr./Mrs./Miss _____

Date of Birth ___/___/____ Identification No._____ Membership No. _____

Home Address _____ Mobile No. _____

Employer _____ Payroll No. _____

Scheme Contribution Starting Date ___/___/___ Ksh. 300/- or 150/-per PP/Month

Nominations For Benevolent Fund Claim

1. Names of Spouse(s)	Date of Birth	ID. No
a. _____	_____	_____
b. _____	_____	_____

2. Names of Child(ren)	Date of Birth	ID. No / Birth Certificate No.
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

3. Names of Biological Parent(s)	Date of Birth	ID. No
a. _____	_____	_____
b. _____	_____	_____

Note:

i. You may fill more than one form in case the spaces provided above are not enough

ii. Attach copies of birth certificates for children and copies of national IDs for all spouses and parents.

4. Details of Claimant (Not Principal Member/ Contributor)

In the event that the claim for benevolent fund is for myself, payment to be made to

Name _____ ID. No _____

Relationship_____ Mobile No _____

Email address _____

The Sacco accepts claims for a maximum of one spouse, four children and two parents.

Applicant's Signature _____ Date _____